MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
28286

1. PLACE OF DEATH

County: Jackson — Registration District No.: [illegible] — File No.: 3414
Township: Kaw — Primary Registration District No.: [illegible] — Registered No.:
City: Kansas City (No. Swope Park - K.C. Mo. St. Ward)

2. FULL NAME Edmund J Strecker Jr.

(a) Residence, No. 516 West 34th St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1923

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Redemptorist School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER

13. NAME Edmund J Strecker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Aurelia Buss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Edmund J Strecker Sr.
(ADDRESS) 516 West 34th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Kans DATE Aug 9 1931

19. UNDERTAKER Quirk & Tobin Co
(ADDRESS) 20 W Linwood

20. FILED 8-9-, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner
....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

Accidental Drowning — Date of onset
while in Swimming
K.C. Mo

Other contributory causes of importance:

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Name of operation..... Date of.....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Stanley M. Hall, M. D.
(Address) Deputy Coroner